Image# 28993099916 11/05#2008 17:29

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

(a) Name of Individual, Organization or Corporation	1
HUMANE SOCIETY LEGISLATIVE FUND	
(b) Address (number and street)	-
(c) City, State and ZIP Code	2 FFC Identification Number
WASHINGTON DC 20002	FEC Identification Number
2. Corporate filers only Is the filer a qualified nonprofit corporation? X Yes No	C C90009358
Individual filers only Name of Employer	Occupation
N N	
4. TYPE OF REPORT (check appropriate boxes):	
(a) April 15 Quarterly Report	Notice
☐ July 15 Quarterly Report	
☐ October Quarterly Report	
☐ January 31 Year-End Report	
(b) Is this Report an amendment? Yes \(\subseteq \text{No } \textbf{X} \)	
5. COVERING PERIOD: FROM M M M M A D D D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
THROUGH	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
6. TOTAL CONTRIBUTIONS	.00
6. TOTAL CONTRIBUTIONS	
7. TOTAL INDEPENDENT EXPENDITURES	5242.56
Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulation	f the independent expenditures
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE
Janet Piateski	11/05/2008
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report	to the penalties of 2 U.S.C 437g.

 $For \ further \ information, \ contact:$

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE	2 /	6
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OR LINE 7 FOR FORM 5

ME OF FILER (In Full)			FOR LINE 7 FOR FORING 5
UMANE SOCIETY LEGISLATIVE FUND			
OWNING GOODETT ELGIOLATIVE FOND			
F. II. N. a. a. (1 a. a. 1 First Middle Letter) of Pares			I
Full Name (Last, First, Middle Initial) of Payee The Conspectus Network, Inc			Date
•			1.0 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			Amount
25574 Mimosa Tree Court			1298.30
City	State	Zip Code	1298.30
South Riding	VA	20152	
Purpose of Expenditure		Category/	Office Sought: X House State: MI
Campaign Even Expenses		Туре	House Senate District: 09
Name of Federal Candidate Supported or Oppos	sed by Expenditure:	:	President District: 400
Gary Peters			Check One: X Support Oppose
Colonday Very To Data Day Florition			Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought		17232.48	2008 — , — Other (specify)
Full Name (Last, First, Middle Initial) of Payee The Conspectus Network, Inc			Date
•			10
Mailing Address 25574 Mimosa Tree Court			Amount
25574 Milmosa Tree Court			1298.30
City	State	Zip Code	1298.30
South Riding	VA	20152	
Purpose of Expenditure		Category/	Office Sought: X House State: MI
Campaign Even Expenses		Туре	House Senate District: 09
Name of Federal Candidate Supported or Oppos	sed by Expenditure:	:	President District. 03
Joseph K Knollenberg			Check One: Support X Oppose
			Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought		401328.88	2008 — Other (specify)
			I
Full Name (Last, First, Middle Initial) of Payee Diners Club			Date
			1 0 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P O Box 6935			Amount
F O Box 0933			11.17
City	State	Zip Code	
The Lalces	NV	88901	
Purpose of Expenditure		Category/	Office Sought: X House State: MI
Transportation, lodging		Type	House Senate District: 09
Name of Federal Candidate Supported or Oppos	sed by Expenditure	:	President
Gary Peters			Check One: X Support Oppose
Colondor Voor To Data Day Floatics			Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought		17232.48	2008 — Other (specify)
			2607.77
a) SUBTOTAL of Itemized Independent Expendent	litures		
b) CURTOTAL of Unitemized Independent Expense	andituras		
b) SUBTOTALof Unitemized Independent Expe	#Iditures		
c) TOTAL Independent Expenditures			
(carry total from last page forward to			

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE	3 /	6
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FOR LINE 7 FOR FORM 5

ME OF FILER (In Full) HUMANE SOCIETY LEGISLATIVE FUN	ID		
Full Name (Last, First, Middle Initial) of Payee Diners Club			Date
Mailing Address P O Box 6935			Amount
City The Lalces	State NV	Zip Code 88901	11.17
Purpose of Expenditure Transportation, lodging		Category/ Type	Office Sought: X House State: MI House Senate District: 09
Name of Federal Candidate Supported or Opp Joseph K Knollenberg	posed by Expenditure:	•	President Support X Oppose
Calendar Year-To-Date Per Election for Office Sought		401328.88	Disbursement For: Primary X General Other (specify)
Full Name (Last, First, Middle Initial) of Payee Diners Club			Date M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P O Box 6935			Amount
City The Lalces	State NV	Zip Code 88901	9.89
Purpose of Expenditure Transportation, lodging		Category/ Type	Office Sought: X House State: MI House Senate District: 09
Name of Federal Candidate Supported or Opp Gary Peters	posed by Expenditure:		Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought		17232.48	Disbursement For: Primary X General Other (specify)
Full Name (Last, First, Middle Initial) of Payee Diners Club			Date Date Date Date Date Date Date Date Dat
Mailing Address P O Box 6935			Amount
City The Lalces	State NV	Zip Code 88901	9.89
Purpose of Expenditure Transportation, lodging		Category/ Type	Office Sought: X House State: MI House District: 09
Name of Federal Candidate Supported or Opposeph K Knollenberg	posed by Expenditure:		Check One: Support X Oppose
Calendar Year-To-Date Per Election for Office Sought		401328.88	Disbursement For: 2008 Other (specify)
(a) SUBTOTAL of Itemized Independent Expe	enditures		30.95
(b) SUBTOTALof Unitemized Independent Ex	xpenditures		
(c) TOTAL Independent Expenditures(carry total from last page forward			

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE	4 / 6	
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Full Name (Last, First, Middle Initial) of Payee Diners Club			Date M M / D D / Y Y Y Y
Mailing Address P O Box 6935			Amount
City The Lalces	State NV	Zip Code 88901	10.83
Purpose of Expenditure Transportation, lodging		Category/ Type	Office Sought: X House State: MI House Senate District: 09
Name of Federal Candidate Supported or Opposed Gary Peters	by Expenditure	e: 	Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought		17232.48	Disbursement For: 2008 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Diners Club			Date Date D D
Mailing Address P O Box 6935			Amount
City The Lalces	State NV	Zip Code 88901	10.83
Purpose of Expenditure Transportation, lodging		Category/ Type	Office Sought: X House State: MI House Senate District: 09
Name of Federal Candidate Supported or Opposed Joseph K Knollenberg	by Expenditure	9:	Check One: Support X Oppose
Calendar Year-To-Date Per Election for Office Sought		401328.88	Disbursement For: 2008 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Diners Club			Date M M / D D / Y Y Y Y
Mailing Address P O Box 6935			Amount 200 0 5 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City The Lalces	State NV	Zip Code 88901	800.00
Purpose of Expenditure Transportation, lodging		Category/ Type	Office Sought: X House State: MI House Senate District: 09
Name of Federal Candidate Supported or Opposed Gary Peters	by Expenditure	9:	Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought		17232.48	Disbursement For: 2008 Other (specify) Other (specify)
a) SUBTOTAL of Itemized Independent Expenditu	res		821.66
b) SUBTOTALof Unitemized Independent Expend	itures		

(carry total from last page forward to Line 7)

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE	5 / 6
FOR LI	NE 7 FOR FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee		Date
Diners Club		M M / D D / Y Y Y
Mailing Address		1 1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
P O Box 6935		Amount
City State	Zip Code	800.00
The Lalces NV	88901	
Purpose of Expenditure		Office Sought: V House O. MI
Transportation, lodging	Category/ Type	House State: MI Senate
	71-	President District: 09
Name of Federal Candidate Supported or Opposed by Expenditure: Joseph K Knollenberg		
Calendar Year-To-Date Per Election		hisbursement For: Primary X General
for Office Sought	401328.88	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	l	Date
Diners Club		
Mailing Addung		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Mailing Address P O Box 6935		Amount
Old I	7's Oads	476.24
City State The Lalces NV	Zip Code 88901	
)(" 0
Purpose of Expenditure Transportation, lodging	Jalegol y/	Office Sought: X House State: MI
	Type	House Senate District: 09
Name of Federal Candidate Supported or Opposed by Expenditure: Gary Peters		President President
Gary Felers	C	Check One: X Support Oppose
Calendar Year-To-Date Per Election	D	Disbursement For: Primary X General 2008
for Office Sought	17232.48	Other (specify)
Full Name (Last, First, Middle Initial) of Payee		
Diners Club		Date
		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Mailing Address P O Box 6935		Amount
		476.24
City State	Zip Code	
The Laices NV	88901	
	Jaiogory/	Office Sought: X House State: MI
Transportation, lodging	Туре	House Senate District: 09
Name of Federal Candidate Supported or Opposed by Expenditure:		President Pististi ——
Joseph K Knollenberg		Check One: Support X Oppose
Calendar Year-To-Date Per Election	D	bisbursement For: Primary X General
for Office Sought	401328.88	2008 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		1752.48
(a) SOSTOTAL OF REMIZED INDEPENDENT Experiorities		
(b) SUBTOTALof Unitemized Independent Expenditures		
(a) 1121 1111 1111 1111 1111 1111 1111 11		
(c) TOTAL Independent Expenditures		
(carry total from last page forward to Line 7)		

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE	6 / 6	

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Full Name (Last, First, Middle Initial) of Payee		Date
Diners Club		M M / D D / Y Y Y Y Y 1 1 1 1 1 0 4 2 0 0 8
Mailing Address		
P O Box 6935		Amount
City State	Zip Code	14.85
The Lalces NV	88901	
Purpose of Expenditure	Category/	Office Sought: X House State: MI
Transportation, lodging	Туре	House Senate
Name of Federal Candidate Supported or Opposed by Expenditu	ire:	President District: 09
Gary Peters		Check One: X Support Oppose
Color day Veey To Date Day Flaction		Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought	17232.48	2008 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Diners Club		Date
		1 1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P O Box 6935		Amount
	7' 0 1	14.85
City State The Lalces NV	Zip Code 88901	
Purpose of Expenditure		Office Sought: Y House Communication
Transportation, lodging	Category/ Type	State: _wii
Name of Federal Candidate Supported or Opposed by Expenditu		House Senate District: 09
Joseph K Knollenberg	iie.	Check One: Support X Oppose
Calendar Year-To-Date Per Election	401328.88	2008
for Office Sought	101020100	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		29.70
· · · · · · · · · · · · · · · · · · ·		
(b) SUBTOTALof Unitemized Independent Expenditures		
		5242.56
(c) TOTAL Independent Expenditures		3242.30
(carry total from last page forward to Line /)		